STATE'S EXHIBIT 1

SUA SPONTE
COURT ORDERED DEFERRED PROSECUTION AGREEMENT

NAME: _____ **CAUSE #:_____**

1. I have the right to dispute the allegations and request a court hearing if I so desire, and, if so, no further effort at Deferred Prosecution will be made. I also understand that no information obtained from me or my family while participating in Deferred Prosecution will be used against us in any future Court Hearing.

2. I understand that I will be on Deferred Prosecution by agreement with the Hidalgo County Juvenile Department for a period not to exceed

☐ **SIX MONTHS** ☐ **TWELVE MONTHS**

3. I understand that I make this agreement voluntarily and can withdraw from the agreement at any time

4. I understand that this Deferred Prosecution Agreement does not constitute an adjudication of delinquent conduct or conduct indicating a need for supervision.

5. I agree to Pay restitution:

a. In the amount of $_____ Payable at the rate of $_____ per month.

b. Payments will be made payable TO: HIDALGO COUNTY JUVENILE PROBATION DEPARTMENT, by Money Order or Cashier's Check, only.

c. To be made through the office of **LITA L. LEO, HIDALGO COUNTY TREASURER,** at 2810 South Business Hwy. 281, Edinburg, TX 78539.

6. While on Deferred Prosecution, I will obey the following conditions:

a. I will remain in court ordered custody/placement.

b. I will obey all federal, state, and city laws.

c. I will refrain from possession or use of any illegal or harmful substances/contraband/weapons.

d. I will avoid anyone on adult probation, juvenile probation or parole except in immediate family.

e. I will report to my Probation Officer as DIRECTED and call if unable to report.

f. I will attend every school class regularly and obey any/all school rules and regulations. no tardies or absences and maintain passing grades. if not enrolled in school, obtain a general education development certificate (GED).

g. I will remain in Hidalgo County unless advance permission from the Court has been obtained

h. I will maintain the following curfew: ☐ **7:00 P.M.** ☐ **HOME RESTRICTION**

except when in the custody of the child's parent, or subject to school, church and work exceptions, for the term of deferred.

i. I will notify the Juvenile Department immediately of any change of address and/or telephone number.

j. I will attend any/all scheduled counseling appointments as directed by juvenile probation and participate with ordered counseling sessions.

k. I will attend Deferred Prosecution Orientation when scheduled;

l. I will submit to drug screening as directed by the juvenile probation, at any given time and location.

m. I will refrain from any contact with the victim or their family, and any co-defendants.

n. I will comply with Community Service Restitution, if applicable.

o. I will appear with parent before the court as directed, for a status hearing

p. I will agree to participate in a psychological evaluation.

q. Other: _____

I understand that my failure to comply with any one of these rules could result in a court hearing on the original charge.

SIGNED this _____day of _____ 20_____

_____ _____

CHILD HONORABLE JUDGE

_____ _____

PARENT/GUARDIAN DEFENSE ATTORNEY